

**Independent School District #435
Waubun, MN 56589**

Bus Transportation Request/Payment Request

Date of Trip _____ Number of Buses _____
Group Attending _____ Number Attending _____
Destination _____
Description of Event _____
Time Leaving _____

Please Check Appropriate Category

Field Trip _____ Late Bus _____ Athletic _____ *Other _____

This Section to be completed by Teacher/Chaperone

Name: _____
Will Return at: _____
Comments: _____
Signature: _____

This Section to be completed by Driver

Drivers Name: _____
Address: _____
Driver Signature _____

Bus Number: _____
School Owned _____ Contractor Owned _____
Driving Time _____ Waiting Time _____ Miles _____
Start _____ Start _____ Starting Mileage _____
Finish _____ Finish _____ Ending Mileage _____
Total Driving _____ Total Wait _____ Total Miles _____

Driver/Contractor to be Paid if Different than above

Late Bus or Between Buildings	Date	Miles	Date	Miles	Date	Miles

****To be completed by Finance Office****

Trip Charge _____
Extra Mileage _____
Waiting Time _____
Sub Total _____
Gas Clause _____
Total Paid _____

**** This Report Must be returned to the Superintendent's office at the end of the trip.**

11/17/2006

SCHOOL BUS PRE-TRIP INSPECTION REPORT

District / Carrier _____ Date _____

Bus Number _____ Starting Mileage _____ Ending Mileage _____

Driver Name / Driver Designee _____

	<u>CHECKED</u>			<u>CHECKED</u>	
	Ok	Defect		Ok	Defect
ENGINE COMPARTMENT: ***Hood MUST be opened*** Oil level <input type="checkbox"/> <input type="checkbox"/> Auto transmission fluid level <input type="checkbox"/> <input type="checkbox"/> Alternator <input type="checkbox"/> <input type="checkbox"/> Belts and hoses <input type="checkbox"/> <input type="checkbox"/> Coolant level <input type="checkbox"/> <input type="checkbox"/> Water pump <input type="checkbox"/> <input type="checkbox"/> Air compressor (air brakes) <input type="checkbox"/> <input type="checkbox"/> Master cylinder (hydraulic) <input type="checkbox"/> <input type="checkbox"/> Check for leaks <input type="checkbox"/> <input type="checkbox"/> Steering gear box & hoses <input type="checkbox"/> <input type="checkbox"/> Steering linkage (Left/Right) <input type="checkbox"/> <input type="checkbox"/> Power steering fluid <input type="checkbox"/> <input type="checkbox"/>					
EXTERNAL INSPECTION: Lights (signals, stop, headlights, clearance, ID lamps, side markers, license plate lamp, back up lights) <input type="checkbox"/> <input type="checkbox"/> 8 Way lamp system <input type="checkbox"/> <input type="checkbox"/> Entrance door and mirrors <input type="checkbox"/> <input type="checkbox"/> Windshield(s) <input type="checkbox"/> <input type="checkbox"/> Window glass <input type="checkbox"/> <input type="checkbox"/> Reflectors <input type="checkbox"/> <input type="checkbox"/> Fuel tank and cap <input type="checkbox"/> <input type="checkbox"/> Wheel (lugs, rims, spacers, tires) <input type="checkbox"/> <input type="checkbox"/> Wheel flaps (if equipped) <input type="checkbox"/> <input type="checkbox"/> Springs, shock absorbers <input type="checkbox"/> <input type="checkbox"/> Spring mounts (including u-bolts, front & rear axles) <input type="checkbox"/> <input type="checkbox"/> Hub oil seals (front & rear) <input type="checkbox"/> <input type="checkbox"/> Brakes (drums, rotators, linings) <input type="checkbox"/> <input type="checkbox"/> Brakes (Hyd.), ABS indicator <input type="checkbox"/> <input type="checkbox"/> Service, parking, electric assist <input type="checkbox"/> <input type="checkbox"/> Brake (Air), ABS indicator <input type="checkbox"/> <input type="checkbox"/> slack adjusters, chambers, hoses, parking <input type="checkbox"/> <input type="checkbox"/> Drive shaft <input type="checkbox"/> <input type="checkbox"/> Frame <input type="checkbox"/> <input type="checkbox"/> Battery / battery box <input type="checkbox"/> <input type="checkbox"/>					
AIR BRAKE SYSTEM: Air leak check (1 minute test) <input type="checkbox"/> <input type="checkbox"/> Low air warning (buzzer/ light) <input type="checkbox"/> <input type="checkbox"/> Emergency brake system engaged <input type="checkbox"/> <input type="checkbox"/> Parking brake <input type="checkbox"/> <input type="checkbox"/> Service brake <input type="checkbox"/> <input type="checkbox"/>					
INTERNAL INSPECTION: *Engine running, parking brake applied* Oil pressure builds <input type="checkbox"/> <input type="checkbox"/> Ammeter/voltmeter <input type="checkbox"/> <input type="checkbox"/> Fuses / breakers / <input type="checkbox"/> <input type="checkbox"/> Lighting indicators (turn signal, 4 way flashers, headlamp, brake lamp, park brake lamp, 8 way lamp system check) <input type="checkbox"/> <input type="checkbox"/> Fuel gauge functional <input type="checkbox"/> <input type="checkbox"/> Driver seatbelt <input type="checkbox"/> <input type="checkbox"/> Horn <input type="checkbox"/> <input type="checkbox"/> Heater/defroster <input type="checkbox"/> <input type="checkbox"/> Mirrors properly adjusted <input type="checkbox"/> <input type="checkbox"/> Windshield wipers / washers <input type="checkbox"/> <input type="checkbox"/> Safety/emergency equipment <input type="checkbox"/> <input type="checkbox"/> fire extinguisher <input type="checkbox"/> <input type="checkbox"/> reflective triangles <input type="checkbox"/> <input type="checkbox"/> first aid, body fluids cleanup kits <input type="checkbox"/> <input type="checkbox"/> seat belt cutter - if applicable <input type="checkbox"/> <input type="checkbox"/> Seats <input type="checkbox"/> <input type="checkbox"/>					
EMERGENCY EXITS: door(s) / latch(s) <input type="checkbox"/> <input type="checkbox"/> windows (operational / buzzer) <input type="checkbox"/> <input type="checkbox"/> roof hatches (operational / buzzer) <input type="checkbox"/> <input type="checkbox"/>					
WHEELCHAIR - N/A <input type="checkbox"/> Anchor points, belts, straps, lift inspection, interlock safety system functional <input type="checkbox"/> <input type="checkbox"/>					

Driver Comments or explanation of defect(s) discovered:

Repairs completed by: _____ Date: _____

Revised 6/15